

STATEMENT OF  
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BEFORE THE  
COMMITTEE ON VETERANS' AFFAIRS  
SUBCOMMITTEE ON HEALTH  
UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO

**VETERANS' TIMELY ACCESS TO HEALTH CARE AND OTHER MATTERS**

WASHINGTON, D.C.

APRIL 26, 2007

MR. CHAIRMAN AND MEMBERS OF THIS COMMITTEE:

On behalf of the 2.4 million members of the Veterans of Foreign Wars of the U.S. (VFW) and our Auxiliaries, I would like to thank you for your invitation to testify at today's important hearing on health care legislation.

The bills under consideration today mostly revolve around what has been the most critical issue confronting the Department of Veterans Affairs (VA) health care system: access. We have long argued that the primary reason for most of the access problems veterans have is because of the lack of adequate and timely funding given to VA. We appreciate the increases of the last few years, and this year's historic budget resolution, but we need to ensure that VA receives the money on time, and that subsequent increases in future years keep pace with the needs of the veterans' population.

**H.R. 92, the *Veterans Timely Access to Health Care Act***

This legislation would establish access standards within VA for veterans seeking care. For primary health care appointments, it would require veterans to be seen within 30 days. In certain circumstances, it would require VA to contract for care when VA is unable to live up to that access standard.

The VFW strongly supports the intent of this legislation, but we do have some concerns about the contracting aspect. There is no doubt that veterans should not have to wait to access health care, especially for primary appointments. A few years ago, there were over 300,000 veterans throughout the country who were waiting six months or more for primary health care

appointments, but VA has made great strides to reduce this and most initial appointments are being made within that thirty day standard. We do understand that there are certain geographical areas where this is not the case, however.

We are concerned about the cost of contract care, especially when VA is acknowledged to provide health care at a lower cost than other providers. While it would greatly benefit veterans in areas with long waiting times, we must be mindful of it not eating into the health care budget for other locations. If other areas have fewer funds to work with they, too, will ration health care, increasing waiting times system-wide. We must be mindful of these unintended effects, and ensure that the entire health care system has the funding and resources it needs to adequately care for all veterans.

### **H.R. 315, the *HEALTHY Vets Act***

This legislation aims to improve health care access for rural veterans by increasing contracting opportunities for veterans in geographically remote areas. This issue is of particular concern to our members, as a great number of them live far from VA medical centers, and often have difficulty accessing their earned health care.

We strongly support the intent of this legislation, which creates a sliding scale for contracting eligibility depending on distance and county density to determine whether a veteran lives in a rural area.

We do have concerns, however, with the potential for overuse of contracting care, as we did with H.R. 92, but there are certainly areas where its use is proper. We must be mindful of a demonstration project VA is currently undergoing, Project HERO. We have been supportive of Project HERO's aims, and think it might be wise to see how effective the demonstration project is, and what lessons can be learned from it before making a sweeping legislative change.

Despite this, there are areas, particularly with respect to the challenges faced by today's returning service members suffering from traumatic brain injuries and other blast injuries that could be supplemented with fee-basis care, but this is an area that is going to require strong Congressional oversight to ensure that these wounded warriors are receiving optimal care.

### **H.R. 339**

The VFW supports the intent of this legislation, which is similar to H.R. 92, in that it establishes standards of care for veterans waiting to receive care from VA. In the case of H.R. 339, it establishes a six-month access standard for any care a veteran is to receive, and if that standard is not met, VA must provide fee-basis care.

In the wide majority of cases, this standard would not come in to play for primary care, but there are a great many places, especially in more rural areas, where specialty care presents unique access problems. In these areas, VA might not have the full number of specialists it needs, or they have overwhelming patient loads. Regardless, a six-month wait is inexcusably long, and we cannot expect our sick and disabled veterans to wait that long, especially when none of us in the room today would wait that long for our care.

## **H.R. 463**

The VFW strongly supports the goal of this legislation, which would end the 4-year freeze on the enrollment of new Category 8 veterans. Category 8 veterans are those mostly non-service-connected veterans making above a geographically-adjusted amount, and it includes veterans making as little as \$26,902. These veterans, since January 2003, are no longer allowed to enroll in the health care system, and are turned away from their earned health care. VA estimates that 1.5 million veterans will have been denied enrollment by the end of fiscal year 2008.

If this legislation is enacted, Congress must also ensure a corresponding funding increase to pay for the care of these veterans. It is not enough to have VA make do; that will just result in the return of health-care rationing and growing lines for care. Further, this cannot be a one-year fix. Congress must continuously and fully fund VA health care in a timely manner in future years.

The VFW believes that all veterans have earned access to high-quality health care in a timely manner through their service to this nation. When the freeze was put into place, it was a time of severe budget shortages and extreme waiting times. We believe that the policy was a short-term fix to allow VA to manage the crisis and feel that it is time to end this unfair policy.

## **H.R. 542**

The VFW supports this bill, which would make mental health services available for veterans with limited English proficiency.

An increasing number of service men and women are coming from foreign countries. There are approximately 30,000 non-citizens serving in the military today, coming from around the globe. The vast majority of these heroes plan to use their military service as a spring board for citizenship, and their dedication to this country's ideals and their patriotic spirit, as manifested through their willingness to serve, cannot be questioned. These men and women put their lives on the line the same way any American-born service member does as they fight side-by-side. And they often suffer the same disabilities and illnesses.

Although we understand the difficulty some would have with providing options for treatment in other than English, we must be mindful that this legislation only covers mental health services, where clear and direct communication is integral to treatment and recovery. It is often difficult enough for English-speaking natives to communicate the emotions and problems they are facing; we cannot throw another barrier up for the treatment of those who have given much for this country. Their service is just as valuable as that of an English speaker, and the care and treatment – to make them whole – is just as essential.

## **H.R. 1426**

The VFW strongly opposes this legislation, which would allow any veteran to elect to receive contracted care whenever they choose. As we have acknowledged in our comments to previous legislation, there are certainly cases where contract care is appropriate. A blanket and wide-spread use of it to anyone and everyone, however, is shortsighted and misguided.

First, we reiterate our concerns with the costs of such care. Fee-basis care is more expensive than that of VA, and we believe that it would do great harm to those veterans who elect to stay in the high-quality VA health care system by taking away funding for the system as a whole.

Second, we have strong concerns about the viability of the health care system should this bill be enacted. VA has four essential missions, all of which depend on one another, and which greatly improve the quality of care for all Americans, not just our veterans. 1) It serves as the health care system for this nation's sick and disabled veterans; 2) It acts as the primary education and training grounds for America's health care professionals (48,000 medical residents and students receive training at VA each year); 3) It provides world-class research opportunities and the development of new medical technologies, and; 4) It is the backup to the Department of Defense health system in national emergencies.

We cannot lessen one of these missions without sacrificing the others. Reducing the number of veterans seeking care from VA would do irreparable damage to the others, affecting all Americans.

Further, contract care would present problems, especially with the continuum of care and VA's ability to monitor and track the health care needs of veterans over their entire lives. It would also potentially erode the quality of care VA provides, especially with respect to the illnesses and disabilities veterans suffer from, such as gunshot wounds or prosthetics, and for which VA is uniquely qualified to treat.

Although this legislation aims to expand the coverage available to veterans, it would only dilute the quality and quantity of the services provided to new and existing veterans today and into the future. That is unacceptable.

#### **H.R. 1470, the *Chiropractic Care Available to All Veterans Act***

The VFW supports this legislation which would require VA medical centers to begin hiring chiropractors at each facility. Currently, VA averages around one chiropractor per VISN.

A great number of veterans suffer from musculoskeletal injuries, and although chiropractors are not for every veteran, they should be available as an option. As part of a team that includes pain management and orthopedic specialists as well as physical therapists, a great number of injuries can be managed and symptoms improved.

#### **H.R. 1471**

The VFW opposes this legislation, which would allow veterans to receive direct access to chiropractic services. Although we support these services, we believe that they should be part of the specialty care process, requiring a referral from a primary care physician. This is important for case management and to ensure that a veteran's primary physician is fully aware of the treatments a veteran is undergoing, especially if that chiropractor service is a part of the team-based approach we discussed in our comments on H.R. 1470.

Further, it is important to remember that no other VA health care specialty allows for direct access by patients.

## **H.R. 1527**

We also support the intent of this legislation that would, like H.R. 315 discussed above, allow for the contracting of care for certain veterans in rural areas.

Despite our support, our concerns about this legislation are similar to those of that bill as well.

Namely, we are concerned with the continuity of care, as records would need to be transferred back and forth, which could create difficulties with VA's state-of-the-art electronic medical records system. We are also concerned with the costs that such a program could incur as fee-basis care is more expensive than that provided by VA.

We would urge the Committee to consider the results of Project HERO before passage of this bill, though. The lessons we can learn from this – which would answer some of these questions we have laid out – would be beneficial to the entire system, and determine whether a large-scale proposal such as this is truly feasible.

## **H.R. 1944**

The VFW offers our strong support for this legislation which would require VA to implement a screening program for traumatic brain injuries (TBI).

TBI is the signature wound of this war, as thousands of our men and women in uniform are being exposed to blasts and other traumas which are doing great damage to their brains. This is an area where this nation clearly must do more to care for our sick and disabled, the wounded warriors of this war.

TBI manifests itself in a number of ways. While some are able to live with its effects, it makes life extremely difficult for others. We know much about its causes and immediate symptoms, but we most know more about it. We have repeatedly called for more studies to fully understand the injuries, their causes, their effects, and especially their long-term impacts.

This legislation considers the long-term impact, and for those who need it, it would establish programs to provide long-term care and rehabilitation. This is sorely needed.

Further, it fosters the development of partnerships with other health care institutions through the creation of a TBI transition office, which is charged with coordinating services that are not readily available through VA. Given the difficulties we have sadly seen with some of these wounded warriors receiving the care they need, especially for those who live far from the polytrauma centers, this is an excellent step. Many of these clinics and specialty care facilities have great experience with brain injuries and can provide these patients the care they desperately need, and VA with the expertise and training it needs to fulfill its most sacred of missions.

## **Draft Bill, the *Rural Veterans Health Care Act***

The VFW supports this bill which would make changes and improvements to the availability of health care for rural veterans.

This legislation includes important provisions that would expand Vet Centers, and create an advisory committee on rural veterans. In concert with last year's passage of a law that creates an Office of Rural Health within VA, there is much potential to reach those veterans who have difficulty accessing their earned VA health care.

It also would create four VA health care centers on rural health research, education and clinical care. These centers would allow for research into the delivery of health care to rural veterans, education and training for health care professionals, and for the innovation of clinical activities to benefit rural veterans.

With over 44% of returning service members living in rural areas, the access problems they and all veterans face is of increasing importance. This legislation acknowledges that, and we are happy to support it.

Mr. Chairman, I thank you for the opportunity to present the VFW's views on these important bills today, and I look forward to any questions that you or the members of this subcommittee may have.